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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS				State Index - - - No. <u>448</u>			
ORIGINAL CERTIFICATE OF DEATH				County Registrar's - No. <u>61</u>			
Local Registrar's - No. <u>61</u>				Ward			
1. County <u>Yavapai</u>				(If death occurred in a hospital or institution, give its NAME instead of street number)			
District <u>Prescott</u>							
Town or City <u>Prescott</u>							
2. FULL NAME <u>Mrs. Sarah Buckman</u>							
(a) Residence. No. <u>Prescott 138 N. McCormick St.</u>				Ward			
(Usual place of abode)				(If nonresident, give city or town and State)			
Length of residence in city or town where death occurred				yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX		4. COLOR or RACE		5. SINGLE, MARRIED, WIDOWED or DIVORCED			
<u>Female</u>		<u>White</u>		<u>Widowed</u>			
5a. If married, widowed, or divorced							
HUSBAND of							
(or) WIFE of							
6. DATE OF BIRTH (month, day and year) <u>Oct. 10, 1840</u>							
7. AGE		Years		Months		Days	
<u>84</u>		<u>7</u>		<u>28</u>		IF LESS than	
						1 day hrs. or min.	
8. OCCUPATION OF DECEASED							
(a) Trade, profession, or particular kind of work <u>None</u>							
(b) General nature of industry, business or establishment in which employed (or employer)							
(c) Name of employer							
9. BIRTHPLACE (city or town)							
(State or country) <u>Indiana</u>							
10. NAME OF FATHER <u>P. D. Russell</u>							
11. BIRTHPLACE OF FATHER							
(State or country) <u>Kentucky</u> (city or town)							
12. MAIDEN NAME OF MOTHER <u>Rhoda Barton</u>							
13. BIRTHPLACE OF MOTHER							
(State or country) <u>Kentucky</u> (city or town)							
14. Informant <u>Thomas Buckman</u>							
(Address) <u>Prescott, Ariz.</u>							
15. <u>W. J. Southworth</u> Local Registrar.							
V. S. No. 1							
County Registrar.							
MEDICAL CERTIFICATE OF DEATH							
16. DATE OF DEATH (month, day, and year) <u>June 8 1925</u>							
17. I HEREBY CERTIFY, That I attended deceased from <u>May 1st</u> 19 <u>25</u> to <u>June 8</u> 19 <u>25</u>							
that I last saw her alive on <u>June 7th</u> 19 <u>25</u>							
and that death occurred, on the date stated above, at <u>6 A. M.</u>							
The CAUSE OF DEATH* was as follows:							
<u>Chronic Valvular</u>							
<u>Heart disease</u>							
(duration) <u>21</u> yrs. mos. ds.							
CONTRIBUTORY <u>Acute Dilatation</u>							
(duration) <u>2</u> yrs. mos. ds.							
18. Where was disease contracted							
if not at place of death? <u>Yes</u> Date of <u>May 1st</u>							
Did an operation precede death? <u>No</u>							
Was there an autopsy? <u>No</u>							
What test confirmed diagnosis? <u>Clinical</u>							
(Signed) <u>W. J. Southworth</u> M. D.							
1925 (Address) <u>Prescott</u>							
State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)							
19. PLACE OF BURIAL, CREMATION OR REMOVAL							
Thompson Valley, Ariz.							
20. UNDERTAKER							
Lester Ruffner							
DATE OF BURIAL							
June 11 1925							
ADDRESS							
Prescott Ariz.							